

Australian Shepherd Fanciers of Alberta & Y-Knot Ranch HIT Herding Instinct Test – June 4, 2016

Payment must accompany your reservation.

Dog call name: _____ Registered Name: _____

Handler: _____ Address: _____

Email: _____ Phone #: _____ Entry: _____ \$50/test

HERDING DOG TRAINING LESSONS AND/OR CLINICS - PARTICIPANT RELEASE OF LIABILITY

*******READ THIS DOCUMENT CAREFULLY*******

In consideration for participating in the **ASF of AB, Y-Knot Ranch, Billie Richardson and Jerry Kurbatoff** the undersigned agrees as follows for the dates of June 4, 2016:

I will keep my dog under my direct control at all times. This means that I will keep my dog restrained on a leash unless we are actively engaged in working livestock under the direction of the trainer. **I understand that participating in Herding Instinct Test is inherently dangerous due to the unpredictable nature of both dogs and livestock.** This activity exposes my dog and I to above normal risks of personal injury, and my property to above normal risks of damage.

I am solely responsible for my own safety and that of my dog. I release ASF of AB, Y-Knot Ranch, Jerrold Kurbatoff, Billie Richardson et al, the owners of the property on which the Clinic and/or Ranch Trial takes place, and their agents, managers, employees and volunteers from any and all liability if I or my dog suffer personal injury and/or my property suffers physical damage.

I will take no legal action against any of the above persons or establishments upon injury to myself or my dog or damage to my property. I am solely responsible for any personal injury and/or property damage incurred by others and caused by me or my dog, including injury or death to livestock. The replacement cost of the livestock used for this clinic will be: Sheep \$ 300.00 ea.

I will promptly reimburse any party that sustains personal injury and/or property damage caused by me or my dog. In addition, I will indemnify and hold harmless ASF of AB, Y-Knot, Jerrold Kurbatoff, Billie Richardson and/or the owner(s) of the property on which the Clinic and/or Ranch Trials take place, from any cause of action brought by others against them caused by the actions of me or my dog. I declare that I am the legal owner of the dog identified below and that my dog is in good health, including being current on rabies, distemper, parvo and parainfluenza immunizations.

I am participating in this at my own risk.

I HAVE READ THIS AGREEMENT BEFORE SIGNING IT

Signature of Owner/handler: _____

(If under 18 years of age, signature of parent or guardian)

Send completed registration forms/payment to: **Theresa Casselman**

**Box 37 Site 2 RR 1 Strathmore AB T1P 1J6
casselcreek@ccewireless.ca**

Scanned forms and e-transfers will be accepted. Cheques payable to Billie Richardson.